

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-20-07

Address: 335 E North Street

Case #: 22F42398

Lot #3

County: Lagrange

Topeka In 46571

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Either, Coleman fuel
☐ Water Reactive Metal (Lithium): Lithium batteries
☒ Anhydrous Ammonia: 192 oz. Household Ammonia
☒ Hydrochloric Acid Gas Generator(s): Spent HCL generators
☒ Corrosive Acid: unk Acid
☐ Corrosive Base: _____
☒ Other (item and location): filter, cookware baggies

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Citizen

This report is to be faxed to the following agencies that serve the location:

Fire Department: Topeka Fire

Fax: 260-593-3353

Health Department: Lagrange Co.

Fax: 260-463-7835 499-4189

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Trpr. Rob Smith Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.